

Applicant or Patentee: Randolph B. Lipscher et al.
Application No.: To Be Assigned
Filed: Herewith
Title: Electronic Healthcare Information And Delivery Management System
Attorney's Docket No.: 800435

ELECTION UNDER 37 CFR 3.73 AND POWER OF ATTORNEY

The undersigned, being the Assignee of record of the entire interest in the above-identified application by virtue of an assignment recorded in the United States Patent and Trademark Office as set forth below, hereby revokes all previous Power of Attorney and hereby appoints the following attorneys, as its agents with full power of substitution to prosecute the subject application and to transact all business in the Patent and Trademark Office connected therewith: Douglas D. Russell, Registration No. 40,152; and Gail M. Taylor Russell, Registration No. 36,290.

Please send all correspondence and direct all telephone calls to:

Gail M. Taylor Russell
4807 Spicewood Springs Road
Building 1, Suite 1200
Austin, Texas 78759-8444
Telephone (512) 338-4601
Facsimile (512) 338-4651



Pursuant to 37 C. F. R. § 3.73, the undersigned has reviewed the Assignment to ReCare, Inc., referenced below, and certifies that to the best of my knowledge and belief, title remains in the name of the Assignee.

ASSIGNEE:

ReCare, Inc.
12349 Metric Boulevard No. 1524
Austin, Texas 78758

NAME OF PERSON SIGNING:

Randolph B. Lipscher

TITLE IN ORGANIZATION:

President

ADDRESS OF PERSON SIGNING:

12349 Metric Boulevard No. 1524
Austin, Texas 78758

SIGNATURE:

Date 7/25/00

Assignment: Concurrently filed
 Previously filed

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Patent Application of
Serial Number
Filed
Group Art Unit
For
Examiner
Attorney Docket No.

Randolph B. Lipscher et al.
To Be Assigned
Herewith
To Be Assigned
Electronic Healthcare Information And Delivery Management System
Not Assigned
800435



VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS (37 CFR 1.9 (d))
AND 1.27 (c) - SMALL BUSINESS CONCERN

I hereby declare that I am

[] the owner of the small business concern identified below:
 [X] an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF SMALL BUSINESS CONCERN:

ReCare, Inc.

ADDRESS OF SMALL BUSINESS CONCERN:

2003 Kenwood Avenue
Austin, Texas 78704

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 37 CFR 121.12, and reproduced in 37 CFR 1.9 (d), for purposes of paying reduced fees to the Patent and Trademark Office, in that the number of employees of the business concern, including those of affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contractor law have been conveyed to and remain with the small business concern identified above with regard to the invention described in:

[] the specification filed herewith with title as listed above.
 [X] the application listed above.
 [] the patent identified above.

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights in the invention must file separate verified statements averting to their status as small entities, and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9 (c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9 (d), or a nonprofit organization under 37 CFR 1.9 (e).

Each person, concern or organization having any rights in the invention is listed below:

[X] no such person, concern, or organization
 [] each such person, concern or organization is listed below

Separate verified statements are required from each named person, concern or organization having rights to the invention averting to their status as small entities. (37 CFR 1.27)

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28 (b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful, false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING:

Randolph B. Lipscher

TITLE OF PERSON IF OTHER THAN OWNER:
ADDRESS OF PERSON SIGNING:

President
12349 Metric Blvd #1524, Austin, Texas 78758

SIGNATURE:

RBL
2/25/00

DATE:

DECLARATION

As a below named inventor, I hereby declare that:
My residence, post office address and citizenship are as stated below next to my name.

I believe that I am an original, and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled **Electronic Healthcare Information And Delivery Management System**, the specification of which (check one):

is attached hereto
 was filed on November 15, 1999 as Application Serial No. 09/440,557
and (if applicable) was amended on _____

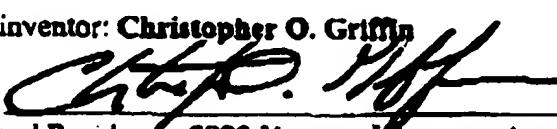
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendments referred to above. I acknowledge the duty to disclose information of which I am aware and which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of first inventor: **Randolph B. Lipscher**

Post Office Address and Residence: **12349 Metric Blvd. #1524, Austin, Texas 78758**
Citizenship: **United States of America**

Full name of second inventor: **Christopher O. Griffin**

Inventor's Signature: 

Date: 2.29.00

Post Office Address and Residence: **2003 Kenwood Avenue, Austin, Texas 78704**
Citizenship: **United States of America**

Full name of third inventor: **Michael D. Dahlin**

Post Office Address and Residence: **118 Bluff Park Circle, Austin, Texas 78746**
Citizenship: **United States of America**



DECLARATION

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My residence, post office address and citizenship are as stated below next to my name.

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Full name of first inventor: **Randolph B. Lipscher**

Post Office Address and Residence: **12349 Metric Blvd. #1524, Austin, Texas 78758**

Citizenship: **United States of America**



Full name of second inventor: **Christopher O. Griffin**

Post Office Address and Residence: **2003 Kenwood Avenue, Austin, Texas 78704**

Citizenship: **United States of America**

Full name of third inventor: **Michael D. Dahlm**

Inventor's Signature: Michael D. Dahlm Date: 2/26/00

Post Office Address and Residence: **118 Bluff Park Circle, Austin, Texas 78746**

Citizenship: **United States of America**

DECLARATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am an original, and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled **Electronic Healthcare Information And Delivery Management System**, the specification of which (check one):

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Full name of first inventor: **Randolph B. Lipscher**

Inventor's Signature: RBD : psdwr

Date: 2/28/00

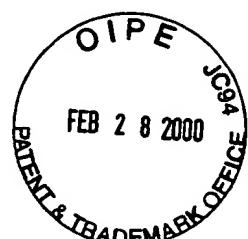
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